FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **831283** **(7)**

1. Corporation Name

BRIDAL FAIR, INC.

Principal Place of Business	Mailing Address
11248 JOHN GALT BLVD. OMAHA NE 68137	11248 JOHN GALT BLVD. OMAHA NE 68137

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/16/1973**

3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21: —; 22 Suite, Apt. #, etc.: —; 23 City & State: —; 24 Zip: —; 25 Country: —

2a. Mailing Address — 26: —; 27 Suite, Apt. #, etc.: —; 28 City & State: —; 29 Zip: —; 30 Country: —

4. FEI Number: **47-0522177** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	THIEBAUTH, SHERRY	1.2 NAME	
STREET ADDRESS	20580 RAWHIDE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHORN NE	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	THIEBAUTH, BRUCE E.	2.2 NAME	
STREET ADDRESS	20580 RAWHIDE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHORN NE	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, DWIGHT J.	3.2 NAME	
STREET ADDRESS	20625 ROUNDUP CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELKHORN NE	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	STEFFEN, LESTER V.	4.2 NAME	
STREET ADDRESS	12410 CLARKSON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BARNHART, JACK	5.2 NAME	
STREET ADDRESS	11308 PIERCE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☑ Change ☐ Addition
NAME	LEWIS, RICHARD	6.2 NAME	D DARRELL VINCENT
STREET ADDRESS	11248 JOHN GALT BLVD.	6.3 STREET ADDRESS	11248 JOHN GALT BLVD
CITY-ST-ZIP	OMAHA NE	6.4 CITY-ST-ZIP	OMAHA NE 68137

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry Thiebauth SHERRY THIEBAUTH 4/28/95 402-592-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480838 FN